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CONFIRMATION NO. 9674

SERIAL NUMBER 10/911,299	FILING OR 371(c) DATE 08/03/2004 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. ALZ5037USANP3
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/492,610 08/04/2003 * (*)Data provided by applicant is not consistent with PTO records. *JAB*

**** FOREIGN APPLICATIONS *******

none JAB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 1	
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

000027777

TITLE

Method and device for enhancing transdermal agent flux

FILING FEE RECEIVED 842	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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